

# SECURITY ADMINISTATOR REGISTRATION FORM

SECURITY ADMINISTRATOR FULL NAME: \_\_\_\_\_ CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SS # (LAST FOUR #'s): \_\_\_\_\_

UAID: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

E-MAIL ADDRESS  
(WAN OR INTERNET): \_\_\_\_\_

BACKUP ADMINISTRATOR FULL NAME: \_\_\_\_\_ CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SS # (LAST FOUR #'s): \_\_\_\_\_

UAID: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

E-MAIL ADDRESS  
(WAN OR INTERNET): \_\_\_\_\_

**Decentralization:** YES: ☐ NO ☐

**Agency Head**  
**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return completed form to:  
Information Technology Division  
Massachusetts Information Technology Center  
Information Security Unit  
200 Arlington Street, Suite 2100  
Chelsea, MA 02150  
TEL. (617) 660-4420 FAX (617) 660-4405  
OR  
E-MAIL US AT SECURITY.ITD@ITD.STATE.MA.US